

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814  
(916) 323-1263



March 7, 1979

ALL-COUNTY LETTER NO. 79-13 (AFDC-BHI)

• TO: All County Welfare Directors

SUBJECT: Reporting Instructions for AFDC-BHI Rates

REFERENCE: MPP 11-308

Emergency regulations filed December 20, 1978 established procedures for counties to request state participation in Aid to Families with Dependent Children-Boarding Home and Institutions (AFDC-BHI) rate increases. Manual of Policies and Procedures (MPP) 11-308 requires all counties to report information on their foster care rates by February 1, 1979.

As a result of the testimony received at the public hearings, regulation section MPP 11-308 will be revised to reflect an April 1, 1979 reporting deadline.

The attached form provides instructions for reporting the required information. Counties which reported the rate information in advance of these instructions need not complete the forms unless Department of Social Services (DSS) contacts them for further information. Send completed reports to the DSS, Statistical Services Bureau, 744 P Street, Mail Station 12-84, Sacramento, California 95814.

Any questions regarding the report should be directed to Chris Cochran of Statistical Services at (916) 322-5462.

Sincerely,

A handwritten signature in dark ink, appearing to read 'R. E. Reich'.

R. E. REICH  
Deputy Director  
Administration Division

Attch.

cc: CWDA

## INSTRUCTIONS FOR TEMP 1299 AFDC-BHI RATES IN-COUNTY-PROVIDERS

### Purpose:

To acquire on a one-time basis, current and past AFDC-BHI rate information to comply with Section 11-308 of the Department of Social Services Manual of Policies and Procedures (MPP).

### Who should complete the form:

Persons with knowledge of and access to information on **monthly rates** and **number of AFDC-BHI children placed by the county** associated with each of the **foster care providers** utilized by the county.

### General Instructions

1. In order to account for all children placed by the county as of June 1, 1978, we have TEMP 1299, AFDC-BHI Rates-in-County Providers and the TEMP 1298, AFDC-BHI Rates-Out-of-County Providers. Each form needs to be filled out completely.
2. List **only** the providers/facilities in which AFDC-BHI children are placed by the county.
3. If the county has placed AFDC-BHI children **after** June 1, 1978, with "New" foster care providers as defined in the MPP Section 11-301.2, then list the facility name in Column A. Write "New Facility" in Columns B, C and D. Continue to complete form.
4. If information is not known, write "Unk".
5. Round all dollar entries to whole dollars.
6. When a 

		5	0	

 is indicated, right-justify the entry, (e.g., number 50 would be entered as 

		5	0	
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7. If you need more forms, contact the Statistical Services Bureau at (916) 322-5462.
8. Return TEMP 1299 AFDC-BHI Rates-in-County Providers **and** TEMP 1298 AFDC-BHI Rates-Out-of-County Providers. If no out-of-county facilities are utilized by the county mark NA (not applicable) at the top of the form and return.

### Definitions

1. **FOSTER FAMILY HOMES:** A family residence providing supervision board and care exclusively. Please include Guardian Homes (a private residence of a legal guardian) in this category, or in category 2 if appropriate. (Lines 1., 2., 3.)
2. **FOSTER FAMILY HOMES—SPECIALIZED:** A family residence providing supervision board and care **and/or** specialized care at a rate higher than the basic foster care rate. (Lines 4., 5.)
3. **GROUP HOMES:** This includes providers **licensed** as group homes. This category includes private group care providers of all sizes, providing regular, specialized or treatment care. Rehabilitation facilities should also be included in this category if applicable. Bed size categories are determined by the licensed designated bed size. (Line 6. and over)
4. **PROVIDER/FACILITY NAME:** (For Group Care Only) Use the business name referred to in the license. If no business name is designated, use the name of the operator. (Column A)
5. **MULTIPLE RATES:** If a group care provider/facility has more than one rate established for care (satellite homes, different levels of care, age) list each established rate and its associated category under the provider name. (Column B, E-2)
6. **NEGOTIATED:** Written agreement between the county responsible for establishing the rate under MPP 11-225 and the foster care provider. (Column E-4)

rsuant to Department of Social Services MPP Section 11-308)

**Send Completed Form To:**  
**Statistical Services Bureau**  
**744 P Street, M.S. 12-81**  
**Sacramento, California 95814**  
**(916) 322-5462**

[illegible]

PROVIDER/FACILITY NAME (For group care only)	MONTHLY RATE (As of 6/1/78)	NUMBER OF AFDC-BHI CHILDREN PLACED BY COUNTY (As of 6/1/78)	NUMBER OF PROVIDERS AT DESIGNATED RATE (As of 6/1/78)  (For individual providers listed enter _____1)	Has the county received a request to increase the rate designated in Column B for 1978/79? (If NO, return to Column A for the next provider to be listed.)			
				If YES: (E) Did the county approve an increase?			
				If NO:  Check <input type="checkbox"/> in column Return to Col. A for next entry (E-1)	78-79 MONTHLY RATE (E-2)	EFFECTIVE DATE IF PAID PRIOR TO STATE APPROVAL (E-3)	DESIGNATE DATE NEGOTIATED (E-4)
(A)	(B)	(C)	(D)			Mo. Yr.	Mo. Yr.
7. Group Homes (7 to 12 beds)							
Name _____				.....			
_____							
_____							
Name _____				.....			
_____							
_____							
Name _____				.....			
_____							
_____							
Name _____				.....			
_____							
_____							
Name _____				.....			
_____							
_____							
8. Group Homes (13 beds and over)							
Name _____				.....			
_____							
_____							
Name _____				.....			
_____							
_____							
Name _____				.....			
_____							
_____							
Name _____				.....			
_____							
_____							
Name _____				.....			
_____							
_____							
Name _____				.....			
_____							
_____							

**INSTRUCTIONS FOR TEMP 1298  
AFDC-BHI RATES OUT-OF-COUNTY-PROVIDERS**

**Purpose:**

To acquire on a one-time basis, current and past AFDC-BHI rate information to comply with Section 11-308 of the Department of Social Services Manual of Policies and Procedures (MPP).

**Who should complete the form:**

Persons with knowledge of and access to information on **monthly rates** and **number of AFDC-BHI children placed by the county** associated with each of the **foster care providers** utilized by the county.

**General Instructions**

1. In order to account for all children placed by the county as of June 1, 1978, we have TEMP 1299, AFDC-BHI Rates-in-County Providers and the TEMP 1298, AFDC-BHI Rates-Out-of-County Providers. Each form needs to be filled out completely.
2. List **only** the providers/facilities in which AFDC-BHI children are placed by the county.
3. If the county has placed AFDC-BHI children **after** June 1, 1978, with "New" foster care providers as defined in the MPP Section 11-301.2, then list the facility name in Column A. Write "New Facility" in Columns B, C and D. Continue to complete form.
4. If information is not known, write "Unk".
5. Round all dollar entries to whole dollars.
6. When a 

		5	0

 is indicated, right-justify the entry, (e.g., number 50 would be entered as 

		5	0
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7. If you need more forms, contact the Statistical Services Bureau at (916) 322-5462.
8. Return TEMP 1299 AFDC-BHI Rates-in-County Providers **and** TEMP 1298 AFDC-BHI Rates-Out-of-County Providers. If no out-of-county facilities are utilized by the county mark NA (not applicable) at the top of the form and return.

**Definitions**

1. **FOSTER FAMILY HOMES:** A family residence providing supervision board and care exclusively. Please include any Guardian Homes (a private residence of a legal guardian) in this category, or in category 2 if appropriate. (Lines 1., 2., 3.)
2. **FOSTER FAMILY HOMES—SPECIALIZED:** A family residence providing supervision board and care **and/or** specialized care at a rate higher than the basic foster care rate. (Lines 4., 5.)
3. **GROUP HOMES:** This includes providers **licensed** as group homes. This category includes private group care providers of all sizes, providing regular, specialized or treatment care. Rehabilitation facilities should also be included in this category if applicable. Bed size categories are determined by the licensed designated bed size. (Line 6. and over)
4. **PROVIDER/FACILITY NAME:** (For Group Care Only) Use the business name referred to in the license. If no business name is designated, use the name of the operator. (Column A)
5. **MULTIPLE RATES:** If a group care provider/facility has more than one rate established for care (satellite homes, different levels of care, age) list each established rate and its associated category under the provider name. (Column B, E-2)
6. **NEGOTIATED:** Written agreement between the county responsible for establishing the rate under MPP 11-225 and the foster care provider. (Column E-4)
7. **LOCATION OF PROVIDER:** Column A-2 is for designating the county in which out-of-county provider is located. Use the two digit number from the alphabetized list of counties for this purpose. (Alameda would be 01, Alpine 02, Amador 03 ..... Yuba 58.

**AFDC-BHI RATES (78-79)**  
**OUT-OF-COUNTY PROVIDERS**  
(Pursuant to Department of Social Services MPP Section 11-308)

Send Completed Form To:

**Statistical Services Bureau**  
744 P Street, M.S. 12-81  
Sacramento, California 95814  
(916) 322-5462

COUNTY	DATE	COUNTY CONTACT: NAME		TELEPHONE NUMBER	
PROVIDER/FACILITY NAME (For group care only)  (A-1)	LOCATION OF PROVIDER  ENTER COUNTY NUMBER (A-2)	MONTHLY RATE (as of 6/1/78) (B)	NUMBER OF AFDC-BHI CHILDREN PLACED BY COUNTY (as of 6/1/78) (C)	NUMBER OF PROVIDERS AT DESIGNATED RATE (as of 6/1/78) (For individual providers listed enter <u>1</u> ) (D)	Has the county received a request to increase the rate designated in Column B for 1978/79? (If NO, return to column A for the next provider to be listed.)  If YES: (E) Did the county approve an increase? If NO: Check <input type="checkbox"/> in column Return to Col. A for next entry (E-1) If YES: 78-79 MONTHLY RATE (E-2) EFFECTIVE DATE IF PAID PRIOR TO STATE APPROVAL (E-3) DESIGNATE DATE NEGOTIATED (E-4)
Foster Family Homes					Mo. Yr. Mo. Yr.
1. 0 to 6 years	{				{
2. 7 to 12 years					
3. 13 to 20 years					
1. 0 to 6 years	{				{
2. 7 to 12 years					
3. 13 to 20 years					
1. 0 to 6 years	{				{
2. 7 to 12 years					
3. 13 to 20 years					
1. 0 to 6 years	{				{
2. 7 to 12 years					
3. 13 to 20 years					
1. 0 to 6 years	{				{
2. 7 to 12 years					
3. 13 to 20 years					
Foster Family Homes - Specialized Care					
4. Special Rates Applicable to groups of Foster Parents					
5. Individual Special Rates					

[illegible]